

Massachusetts MRSA Point Prevalence Survey Data Collection Form

Part I: Facility-wide Data

Facility name: _____ Date of point prevalence survey: ____/____/____
Facility number: _____ (assigned by BLC)

1. Total number of inpatients present on the day* of the point prevalence survey: _____

2. Do you perform active surveillance cultures for MRSA?

- ☐ Yes
- ☐ No → Skip to Question 4

2a. If yes, in which of the following populations do you perform surveillance cultures?

Check all that apply

- ☐ All healthcare facility admissions
- ☐ All ICU admissions
- ☐ Selected high-risk populations on admission *(if checked, check all high-risk populations below that apply)*
 - ☐ Transfers from other healthcare facilities
 - ☐ Transfers from long-term care facilities
 - ☐ All admissions to selected ICUs
 - ☐ Selected unit patients
 - ☐ All surgical patients
 - ☐ Selected surgical populations (e.g. pre-op cardiac surgery patients)
 - ☐ All dialysis patients
 - ☐ All hematology-oncology patients
 - ☐ Patients with repeated/recurrent facility admissions
 - ☐ If other, please specify: _____
- ☐ ICU patients on a selected day
- ☐ Other, specify: _____

3. Which of the following methods do you use for your active surveillance cultures?

- ☐ Routine culture media
- ☐ Selective culture media -----→ specify which media: _____
- ☐ Polymerase-chain reaction (PCR) -----→ specify which one: _____

4. On the day* of your point prevalence survey, how many inpatients were on precautions for **known MRSA**? If possible, exclude patients on pre-emptive contact precaution isolation and are pending the results of a MRSA screen

Number of ICU patients on MRSA precautions: ____

Number of non-ICU patients on MRSA precautions: ____

*Facilities with existing weekly MRSA active surveillance policies in which MRSA surveillance cultures are done on different days in their ICUs should report the number of patients in their facility as of the Wednesday of the week data collection is being done for the Massachusetts MRSA point prevalence survey.

Part II: Results of MRSA Nasal Cultures* - Adult ICU Patients

Facility name: _____ Date of point prevalence survey: ____/____/____
 Facility number: _____ (assigned by BLC)

A. Complete the table for each Adult ICU at your facility:

Type of ICU	No. of patients in ICU on the day of the MRSA screening	No. of ICU patients who during their current hospital admission** have had a positive clinical culture for MRSA as of the day of the MRSA screening	Total number of patients screened	Results of MRSA Screening	
				No. patients positive by screen	No. patients negative by screen
Medical ICU					
Surgical ICU					
Combined Medical-Surgical ICU					
Medical Coronary Care Unit					
Surgical Cardiothoracic ICU					
Neurologic ICU					
Neurosurgery ICU					
Prenatal Critical Care					
Respiratory Critical Care					
Trauma ICU					
Burn ICU					
Other ICU: (specify): _____					
Other ICU: (specify): _____					

*MRSA nasal cultures should be obtained on all ICU patients including patients known to be MRSA positive.

**Any clinical culture that has been positive for MRSA during the patient's current hospital admission should be included. The patient's current hospital admission includes the patient's ICU admission as well as any other admission to a floor in your facility during the patient's current hospital stay.

Part II (continued) : Results of MRSA Nasal* Cultures - Pediatric ICU Patients

Facility name: _____ Date of point prevalence survey: ____/____/____

Facility number: _____(assigned by BLC)

B. Complete the table for each Pediatric or Neonatal ICU at your facility.

Type of ICU	No. of patients in ICU on the day of the MRSA screening	No. of ICU patients who during their current hospital admission** have had a positive clinical culture for MRSA as of the day of the MRSA screening	Total number of patients screened	Results of MRSA Screening	
				No. patients positive by screen	No. patients negative by screen
Pediatric Medical ICU					
Pediatric Surgical ICU					
Pediatric Combined Medical-Surgical ICU					
Pediatric Cardiothoracic Critical Care Unit					
Pediatric Respiratory Care					
Neonatal Critical Care (Level II/III)					
Neonatal Critical Care (Level III)					
Pediatric Burn Critical Care					
Pediatric Trauma					
Other ICU: (specify): _____					
Other ICU: (specify): _____					

***MRSA nasal cultures should be obtained on all ICU patients including patients known to be MRSA positive.**

****Any clinical culture that has been positive for MRSA during the patient's current hospital admission should be included. The patient's current hospital admission includes the patient's ICU admission as well as any other admission to a floor in your facility during the patient's current hospital stay**

Part III: Patient Data Collected for ICU Patients with a MRSA Positive Result

Part III should be completed for each ICU patient who during their current hospital admission* has had a positive MRSA culture or PCR result from either:

1) A clinical culture OR

2) MDPH surveillance culture per MDPH point prevalence survey OR

3) Other routine hospital active surveillance culture

1. Patient number: _____ (unique ID assigned by facility)

Facility Name: _____

Facility Number: ____ (assigned by BLC)

2. Gender

☐ Male

☐ Female

3. Age: _____ Choose one: ☐ Years ☐ Months ☐ Days

4. ICU location at the time of the point prevalence screening:

Adult ICUs

☐ Medical ICU

☐ Surgical ICU

☐ Combined

Medical-Surgical ICU

☐ Medical Coronary Care

☐ Surgical Cardiothoracic ICU

☐ Neurologic ICU

☐ Neurosurgery ICU

☐ Prenatal ICU

☐ Respiratory Critical Care

☐ Trauma ICU

☐ Burn ICU

☐ Other, please specify: _____

Pediatric ICUs

☐ Medical ICU

☐ Surgical ICU

☐ Combined

Medical-Surgical ICU

☐ Cardiothoracic ICU

☐ Respiratory Critical Care

☐ Neonatal Critical Care (Level II/III)

☐ Neonatal Critical Care (Level III)

☐ Trauma ICU

☐ Burn ICU

☐ Other, please specify: _____

5. Did the patient have a positive clinical culture or PCR result for MRSA during their current hospital admission? ☐ Yes -----> **If yes, check clinical culture site(s)**

☐ No

Check all that apply

☐ Blood ☐ Skin-soft tissue

☐ Sputum ☐ Surgical site

☐ Urine ☐ Other, please specify: _____

6. Record the results of all MRSA surveillance cultures obtained during the patient's current hospital admission.

a) Surveillance culture results per MDPH MRSA point prevalence survey:

☐ Negative ☐ Positive ☐ Not done

b) Surveillance culture results per other routine hospital surveillance:

☐ Negative

☐ Positive -----> **If positive, check all positive culture sites:**

☐ Not done

☐ Nares

☐ Groin

☐ Umbilicus

☐ Other, specify: _____

☐ Axilla

☐ Rectum

☐ Pharynx

*includes patient's ICU admission and any other admission to a floor in the facility